



Natural Tunnel State Park

Cove Ridge Center

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Duffield, Virginia 24244

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**FACILITY USE RENTAL
APPLICATION/CONTRACT**

Please fill in all areas below.
If question does not apply use N/A.
Return form to the address listed
above.

NAME OF GROUP: _____ EVENT NAME: _____

CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____

EVENT DATE: _____ Starting Time: _____ Length: _____

Rental periods are 8 am to 3 pm and 4 pm to 10 pm.

NUMBER OF PARTICIPANTS: _____ NUMBER OF OVERNIGHT PARTICIPANTS (DORM): _____

FACILITY REQUESTED (Check all that apply): ENTIRE CENTER: _____ AUDITORIUM: _____

CLASSROOM: _____ POOL (After hours): _____ DORMITORY: _____

THE GREAT ROOM, DECK AND BREEZEWAY ARE COMMON AREAS OPEN TO ALL USING THE
CENTER.

SEATING ARRANGEMENTS (Banquet, Conference with/without tables): _____

AUDIO VISUAL AIDS: (Please check if needed) Epson LCD Projector _____ Elmo Visualizer _____

Overhead Projector _____ Wireless Sound System _____

Computer Connections _____

IS YOUR EVENT CATERED? _____ NAME OF CATERER : _____

WILL ALCOHOL BE SERVED AT YOUR EVENT? _____ ENTERTAINMENT? _____

SPECIAL REQUESTS: _____

By signature below the applicant understands and agrees to comply with all attached terms of the contract. Failure to do so may result in cancellation of the event. A deposit is required within 10 days to confirm all reservations. Please make checks payable to Treasurer of Virginia.

Signature: _____ Date: _____